

03-27-02

1746

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/652,991
	Filing Date	08/31/2000
	First Named Inventor	Yates, Donald L.
	Group Art Unit	1746
	Examiner Name	Carrillo
Total Number of Pages in This Submission	Attorney Docket Number	MTI-31046

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks Replacement Claims and Formal Drawings (3 sheets)		

RECEIVED
MAY 29 2002
TC 1700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kristine M. Strodthoff Whyte, Hirschboeck, Dudek, S.C.
Signature	Kristine M Strodthoff
Date	March 26, 2002

CERTIFICATE OF MAILING

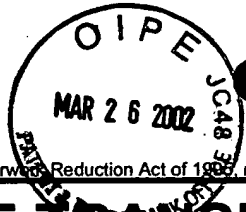
Express Mail EL 81008267205

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

MARCH 26, 2002

Typed or printed name	JASON CHILSON
Signature	[Signature]
Date	3/26/02

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$)**1554.00****Complete if Known**

Application Number	09/652,991
Filing Date	08/31/2000
First Named Inventor	Yates, Donald L.
Examiner Name	Carrillo
Group Art Unit	1746
Attorney Docket No.	MTI-31046

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	232053
Deposit Account Name	

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17☐ Applicant claims small entity status. See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:**

☒ Check ☐ Credit card ☐ Money Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
106 330	206 165	Design filing fee	
107 510	207 255	Plant filing fee	
108 740	208 370	Reissue filing fee	
114 160	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
82	-75 = 7	18.00	126.00
31	-14 = 17	84.00	1428.00
Multiple Dependent			0.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**1554.00**

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

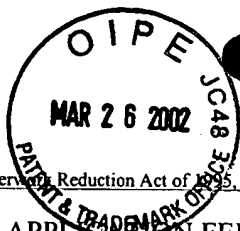
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	0.00
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	0.00
139 130	139 130	Non-English specification	0.00
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	0.00
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	0.00
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	0.00
115 110	215 55	Extension for reply within first month	0.00
116 400	216 200	Extension for reply within second month	0.00
117 920	217 460	Extension for reply within third month	0.00
118 1,440	218 720	Extension for reply within fourth month	0.00
128 1,960	228 980	Extension for reply within fifth month	0.00
119 320	219 160	Notice of Appeal	0.00
120 320	220 160	Filing a brief in support of an appeal	0.00
121 280	221 140	Request for oral hearing	0.00
138 1,510	138 1,510	Petition to institute a public use proceeding	0.00
140 110	240 55	Petition to revive - unavoidable	0.00
141 1,280	241 640	Petition to revive - unintentional	0.00
142 1,280	242 640	Utility issue fee (or reissue)	0.00
143 460	243 230	Design issue fee	0.00
144 620	244 310	Plant issue fee	0.00
122 130	122 130	Petitions to the Commissioner	0.00
123 50	123 50	Processing fee under 37 CFR 1.17(q)	0.00
126 180	126 180	Submission of Information Disclosure Stmt	0.00
581 40	581 40	Recording each patent assignment per property (times number of properties)	0.00
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	0.00
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	0.00
179 740	279 370	Request for Continued Examination (RCE)	0.00
169 900	169 900	Request for expedited examination of a design application	0.00
Other fee (specify) 0			0.00

SUBTOTAL (3) (\$)**0.00****SUBMITTED BY**

Name (Print/Type)	Kristine M. Strodthoff	Registration No. (Attorney/Agent)	34,259	Telephone	414 224 5814
Signature	Kristine M Strodthoff			Date	March 26, 2002

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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/652,991

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	FEE
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

RATE	FEE
	\$ _____
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	82	Minus	** 75 = 7
	Independent (37 CFR 1.16(b))	*	31	Minus	*** 14 = 17
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE
x \$ _____ =	
x _____ =	
+ _____ =	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
x \$18.00 =	126.00
x 84.00 =	1428.00
+ _____ =	
TOTAL ADDIT. FEE	1554.00

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*		Minus	** =
	Independent (37 CFR 1.16(b))	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

TOTAL
ADDIT. FEE

OR

TOTAL
ADDIT. FEE

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*		Minus	** =
	Independent (37 CFR 1.16(b))	*		Minus	*** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

TOTAL
ADDIT. FEE

OR

TOTAL
ADDIT. FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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